AMENDED IN SENATE JANUARY 26, 2016 AMENDED IN SENATE JANUARY 4, 2016

SENATE BILL

No. 547

Introduced by Senator Liu

(Principal coauthor: Assembly Member Brown)

February 26, 2015

An act to add Division 121 (commencing with Section 152000) to the Health and Safety Code, relating to aging.

LEGISLATIVE COUNSEL'S DIGEST

SB 547, as amended, Liu. Aging and long-term care services, supports, and program coordination.

Existing law establishes the California Health and Human Services Agency consisting of the Departments of Aging, Child Support services, Community Services and Development, Developmental Services, Health Care Services, Managed Health Care, Public Health, Rehabilitation, Social Services, and State Hospitals.

Existing law sets forth legislative findings and declarations regarding long-term care services, including that consumers of those services experience great differences in service levels, eligibility criteria, and service availability that often result in inappropriate and expensive care that is not responsive to individual needs. Those findings and declarations also state that the laws governing long-term care facilities have established an uncoordinated array of long-term care services that are funded and administered by a state structure that lacks necessary integration and focus.

This bill, among other things, would create the Statewide Aging and Long-Term Care Services Coordinating Council, chaired by the Secretary of California Health and Human Services, and would consist

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of the heads, or their designated representative, of specified departments and offices. The secretary would have specified responsibilities, including, but not limited to, leading the council in the development and implementation of a state aging and long-term care services strategic plan to address how the state will meet the needs of the aging population in the years 2020, 2025, and 2030. The bill would also require the secretary to enter into a contract with the Regents of the University of California so that the council may either partner with the University of California, San Francisco, to operate, revise, and manage the CalQualityCare.org Internet Web site or acquire the rights to operate the CalQualityCare.org Internet Web site to function as a consumer-oriented portal that provides specified aging and long-term care information on a statewide basis. The bill would require the strategic plan to be submitted to the Secretary of the Senate, the Chief Clerk of the Assembly, and the chairs of specified policy and fiscal committees of the Legislature by July 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: ves. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- (a) The California Health and Human Services Agency consists
- of the following departments: the California Department of Aging,
- the Department of Community Services and Development, the State
- Department of Developmental Services, the State Department of
- Health Care Services, the Department of Managed Health Care,
- the State Department of Public Health, the Department of
- 9 Rehabilitation, the State Department of Social Services, and the
- 10 State Department of State Hospitals.
- (b) The agency also includes the Emergency Medical Services 11
- 12 Authority, the Office of Health Information Integrity, the Office of 13
- Patient Advocate, the Office of Statewide Health Planning and
- 14 Development, the Office of Systems Integration, the Office of Law
- 15 Enforcement Support, and the State Council on Developmental
- Disabilities. 16
- 17 (c) California baby boomers are turning 65 years of age at the
- 18 highest rate in the nation, and over 20 percent of California's
- population will be 65 years of age or older by 2030. 19

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(d) Among persons 65 years of age and older, an estimated 70 percent will use long-term services and supports (LTSS).

- (e) Persons who are 85 years of age or older are the fastest growing segment of the United States population, and they are four times more likely to need LTSS than persons who are 65 years of age or older, but younger than 85 years of age.
- (f) People are living longer, and the aging population is increasingly diverse.
- (g) A report by the Senate Select Committee on Aging and Long Term Care on January 2015, called, "A Shattered System: Reforming Long-Term Care in California. Envisioning and Implementing an IDEAL Long-Term Care System in California," found that the state's system of 112 aging long-term care programs administered by 20 agencies and departments is almost impossible for consumers to navigate.
- (h) Other deficiencies of the system include the lack of person-centered care, poor transitions from hospital to home or to other institutions, limited access to a range of services that enable aging in place, deficiency of services and supports in rural areas, limited cultural competency, skilled workforce shortages across a range of disciplines, the lack of uniform data, the lack of a universal assessment tool, and limited caregiver supports.

SECTION 1.

SEC. 2. Division 121 (commencing with Section 152000) is added to the Health and Safety Code, to read:

DIVISION 121. AGING AND LONG-TERM CARE SERVICES, SUPPORTS, AND PROGRAM COORDINATION

152000. The Legislature finds and declares all of the following:

- (a) The California Health and Human Services Agency consists of the following departments: the California Department of Aging, the Department of Community Services and Development, the State Department of Developmental Services, the State Department of Health Care Services, the Department of Managed Health Care, the State Department of Public Health, the Department of Rehabilitation, the State Department of Social Services, and the State Department of State Hospitals.
- (b) The agency also includes the Emergency Medical Services Authority, the Office of Health Information Integrity, the Office

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1 of Patient Advocate, the Office of Statewide Health Planning and

- 2 Development, the Office of Systems Integration, the Office of Law
- 3 Enforcement Support, and the State Council on Developmental
 4 Disabilities.
 - (c) California baby boomers are turning 65 years of age at the highest rate in the nation, and over 20 percent of California's population will be 65 years of age or older by 2030.
 - (d) Among persons 65 years of age and older, an estimated 70 percent will use long-term services and supports (LTSS).
 - (e) Persons 85 years of age and older are the fastest growing segment of the United States population, and they are four times more likely to need LTSS than persons between 65 and 84 years of age.
 - (f) People are living longer, and the aging population is increasingly diverse.
 - (g) A report by the Senate Select Committee on Aging and Long Term Care on January 2015, called, "A Shattered System: Reforming Long-Term Care in California. Envisioning and Implementing an IDEAL Long-Term Care System in California," found that the state's system of 112 aging long-term care programs administered by 20 agencies and departments is almost impossible for consumers to navigate.
 - (h) Other deficiencies of the system include no person-centered eare, poor transitions from hospital to home or to other institutions, limited access to a range of services that enable aging in place, deficiency of services and supports in rural areas, limited cultural competency, skilled workforce shortages across a range of disciplines, no uniform data, no universal assessment tool, and limited caregiver supports.
 - (i) Also, the End of Life Option Act authorizes an adult, who meets certain qualifications and who has been determined by his or her attending physician to be suffering from a terminal disease, to make a request for a drug for the purpose of ending his or her life. Paragraph (5) of subdivision (i) of Section 443.1 states that an individual choosing the end-of-life option is required to be informed of "feasible alternatives or additional treatment opportunities, including, but not limited to, comfort eare, hospice eare, palliative eare, and pain control." Better systemwide coordination of aging and long-term care services and supports is needed to ensure access to services and information, so individuals

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- can plan for, access, and make informed decisions on end-of-life
 options.
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- 4 *152000.* The Secretary of California Health and Human 5 Services shall be responsible for all of the following:
 - (a) Inter- and intra-agency coordination of state aging and long-term care services, supports, and programs.
 - (b) Ensuring efficient and effective use of state funds.
- 9 (c) Maximizing the drawdown, and the efficient and effective use of federal funds.
- 11 152002.
- 12 152001. There is hereby created a Statewide Aging and
- 13 Long-Term Care Services Coordinating Council, chaired by the
- 14 Secretary of California Health and Human Services, and consisting
- of the heads, or their designated representative, of all of the following:
- 17 (a) The California Department of Aging.
- 18 (b) The Department of Community Services and Development.
- 19 (c) The Department of Consumer Affairs.
- 20 (d) The Department of Food and Agriculture.
- (e) The Department of Human Resources.
- 22 (f) The Department of Insurance.
- 23 (g) The Department of Justice.
- 24 (h) The Department of Motor Vehicles.
- 25 (i) The Department of Rehabilitation.
- 26 (j) The Department of Transportation.
- 27 (k) The Department of Veterans Affairs.
- 28 (l) The Emergency Medical Services Authority.
- 29 (m) The Employment Development Department.
- 30 (n) The Office of Health Information Integrity.
- 31 (o) The Office of Law Enforcement Support.
- 32 (p) The Office of Patient Advocate.
- 33 (q) The Office of Statewide Health Planning and Development.
- 34 (r) The Office of Systems Integration.
- 35 (s) The State Department of Developmental Services.
- 36 (t) The State Department of Health Care Services.
- 37 (u) The State Department of Public Health.
- 38 (v) The State Department of Social Services.

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2 *152002*. (a) The secretary shall lead the council in the 3 development-and implementation of a state aging and long-term 4 care services strategic plan to address how the state will meet the 5 needs of the aging population in the years 2020, 2025, and 2030. The strategic plan shall incorporate clear benchmarks and timelines 6 7 for achieving the goals set forth in the strategic plan-and be updated 8 every five years. and a cost and benefit analysis for each goal or recommendation included in the plan. In developing the strategic plan, the council shall consult with all of the following: 10

- (1) Experts, researchers, practitioners, service providers, and facility operators in the field of aging and long-term care.
- (2) Consumer advocates and stakeholders, including the Olmstead Advisory Committee, the California Commission on Aging, the area agency area agencies on aging, the State Council on Developmental Disabilities, the California Foundation for Independent Living Centers, and the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy.
- (3) Rural and urban–communities communities, in order to identify infrastructure capacity issues, the need for uniform access standards for home and community-based services, and mechanisms for supporting coordination of regional and local service access and delivery.
- (4) The California Task Force on Family Caregiving, the findings and recommendations of which shall be incorporated into the strategic plan.
- (b) Technical support for the development of the strategic plan shall be provided by the Office of Health Equity in the State Department of Public Health and by the California Department of Aging.
 - (c) The strategic plan shall address all of the following:
- (1) Integration and coordination of services that support independent living, aging in place, social and civic engagement, and preventative care.
- (2) Long-term care financing.
- 37 (3) Managed care expansion and continuum of care.
- 38 (4) Advanced planning for end-of-life care.
- 39 (5) Elder justice.

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(6) Care guidelines for Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), and other debilitating diseases.

- (7) Caregiver support.
- (8) Data collection, consolidation, uniformity, analysis, and access.
 - (9) Affordable housing.
- (10) Mobility.

- (11) Workforce.
- (12) The alignment of state programs with the federal Administration for Community Living.
- (13) The potential for integration and coordination of aging and long-term care services with services and supports for people with disabilities.
- (d) In developing the strategic plan, the council shall examine model programs in various cities, counties, and states. The strategic plan shall consider how to scale up local, regional, and state-level best practices and innovations designed to overcome the challenges related to long-term care services delivery.
- (e) Notwithstanding Section 10231.5 of the Government Code, the strategic plan shall be submitted to the Secretary of the Senate and the Chief Clerk of the Assembly, to the appropriate chairs of the policy committees of the Legislature with jurisdiction over any aging and long-term care related issues, and to the chairs of the fiscal committees of the Legislature by July 1, 2018, with updates submitted by July 1, 2023, and by July 1, 2028. 2018.
- (f) Notwithstanding Section 10231.5 of the Government Code, beginning on July 1, 2017, the secretary shall report on an annual basis to the appropriate policy committees of the Legislature with jurisdiction over any aging and long-term care related issues and to the fiscal committees of the Legislature regarding the current status of long-term care in the state, the level of state spending on long-term care programs, federal funding received, progress in developing and implementing the strategic plan as provided in this section, and the statewide Internet Web site portal as provided in Section 152004.
- 152004. Notwithstanding Chapter 2 (commencing with Section 10290) and Chapter 3 (commencing with Section 12100) of Part 2 of Division 2 of the Public Contract Code, the secretary shall enter into a contract with the Regents of the University of

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California so that the council may either partner with the University of California, San Francisco, to operate, revise, and manage the CalQualityCare.org Internet Web site or acquire the rights to operate the CalQualityCare.org Internet Web site to function as a consumer oriented portal that provides all of the following information on a statewide basis:

- (a) Comprehensive, free, unbiased information on long-term care services and supports, including licensed skilled nursing facilities (freestanding and hospital-based), congregate living health facilities, hospice, home health, assisted living, continuing care retirement communities, adult day care, adult day health care, and intermediate care for the developmentally disabled (ICF/DD).
- (b) Depending on the availability and reliability of the data, information within all of the following domains shall be provided:
- (1) Provider characteristics, such as location, size, and ownership.
- 17 (2) Ratings of skilled nursing facilities, home health, hospice, and ICF/DD.
 - (3) Staffing, such as number and type.
 - (4) Quality of the facility, such as deficiencies and complaints.
 - (5) Quality of care, such as incidence of pressure ulcers and infections.
 - (6) Cost and finances.
 - (c) The CalQualityCare.org Internet Web site shall include information that assists the consumer to learn about options and how to make decisions on long-term care services and supports, advanced planning, and end-of-life options.
 - (d) By July 1, 2018, the secretary shall expand the CalQualityCare.org Internet Web site to provide all of the following:
 - (1) Information about long-term services and supports eligibility and how to access long-term care services and supports.
 - (2) Internet links to reputable local resource portals, such as county long-term care services and supports Internet Web sites.
 - (3) Internet links to reputable caregiver resources.
- 36 (4) Information on additional licensed providers, such as nonmedical home care aides.